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| _                               |                                       |                                       |
|---------------------------------|---------------------------------------|---------------------------------------|
| _ Chapter you are filing under: |                                       |                                       |
| ☐ Chapter 7                     |                                       |                                       |
| ☐ Chapter 11                    |                                       |                                       |
| ☐ Chapter 12                    |                                       |                                       |
| Chapter 13                      |                                       | Check if this an amended filing       |
|                                 | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 | ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1:  | Identify Yourself  |  |   |
|-----|---|--|--|---|
|     |   |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | You   | r full name  |  |   |
|     | your<br>pictu<br>exar<br>licer<br>Bring<br>iden | e the name that is on a government-issued ure identification (for apple, your driver's use or passport).  g your picture tification to your ting with the trustee. | Kathryn First name  E Middle name  Martin Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ade your married or<br>den names.   | FKA Kathryn Flowers  |   |
| 3.  | you<br>num<br>Indi                              | the last 4 digits of r Social Security ober or federal vidual Taxpayer otification number  | xxx-xx-8167  |   |

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Case number (if known)

Debtor 1 Kathryn E Martin

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names  | Business name(s)  | Business name(s)   |
|    |  | EINs  | EINs   |
| 5. | Where you live   | 2260 S. Kirkland Ave.   | If Debtor 2 lives at a different address:  |
|    |  | Chicago, IL 60623  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |  | Cook  |  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |  |   |  |

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Document Case number (if known) Debtor 1 Kathryn E Martin

| 7.  | The chapter of the  | Chec        | k one. (For a h | rief description of each, see  | Notice Re   | auired by 11 I I S  | .C. § 342(b) for Individu | uals Filing for Bankruntev  |  |  |
|-----|---|-------------|-----------------|--|-------------|---------------------|---------------------------|---|--|--|
| •   | Bankruptcy Code you are   |             |                 | go to the top of page 1 and o  |             |                     | .e. 3 0 12(8) 101 manua   | date I ming for Barmaptoy   |  |  |
|     | choosing to file under  | ☐ Chapter 7 |                 |  |             |                     |                           |   |  |  |
|     |   | □с          | hapter 11       |  |             |                     |                           |   |  |  |
|     |   | □с          | hapter 12       |  |             |                     |                           |   |  |  |
|     |   | <b>■</b> C  | hapter 13       |  |             |                     |                           |   |  |  |
| 8.  | How you will pay the fee  | •           | about how you   | u may pay. Typically, if you a attorney is submitting your p         | are paying  | the fee yourself,   | you may pay with cash     | r local court for more details<br>n, cashier's check, or money<br>h a credit card or check with |  |  |
|     |   |             |                 | the fee in installments. If  |             | e this option, sign | and attach the Applica    | ation for Individuals to Pay  |  |  |
|     |   |             | ū               | e in Installments (Official For<br>t <b>my fee be waived</b> (You ma | ,           | this option only if | f you are filing for Char | oter 7. Ry law, a judge may   |  |  |
|     |   | ш           | but is not requ | ired to, waive your fee, and   | may do so   | only if your inco   | me is less than 150%      | of the official poverty line that   |  |  |
|     |   |             |                 | r family size and you are un<br>n to Have the Chapter 7 Filir        |             |                     |                           |   |  |  |
|     |   |             | ,,              | ,  | J           | •                   | ,                         | ,   |  |  |
| 9.  | Have you filed for  | □ No        |                 |  |             |                     |                           |   |  |  |
|     | bankruptcy within the   |             |                 |  |             |                     |                           |   |  |  |
|     | last 8 years?   | ■ Ye        | es.             | No de la Black de C  |             |                     |                           |   |  |  |
|     |   |             | District        | Northern District of<br>Illinois Eastern<br>Division                 | When        | 1/05/16             | Case number               | 16-00203  |  |  |
|     |   |             |                 | Northern District of   |             |                     |                           |   |  |  |
|     |   |             | District        | Illinois Eastern<br>Division   | When        | 8/21/15             | Case number               | 15-28658  |  |  |
|     |   |             | District        | See Attachment   | When        |                     | Case number               |   |  |  |
|     |   |             | District        | See Attachment   |             |                     |                           |   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No        | )               |  |             |                     |                           |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye        | es.             |  |             |                     |                           |   |  |  |
|     |   |             | Debtor          |  |             |                     | Relationship to y         | /ou   |  |  |
|     |   |             | District        |  | When        |                     | Case number, if           | known   |  |  |
|     |   |             | Debtor          |  |             |                     | Relationship to y         | /ou   |  |  |
|     |   |             | District        |  | When        |                     | Case number, if           | known   |  |  |
| 11. | Do you rent your  | □ No        | o. Go to lii    | ne 12.   |             |                     |                           |   |  |  |
|     | residence?  | ■ Ye        | es. Has you     | ur landlord obtained an evict  | ion judgme  | ent against you a   | nd do you want to stay    | in your residence?  |  |  |
|     |   |             |                 | No. Go to line 12.   |             |                     |                           |   |  |  |
|     |   |             | _               |  |             |                     |                           |   |  |  |
|     |   |             |                 | Yes. Fill out Initial Statemer                                       | at About ar | Eviction Judama     | ant Against Vou (Form     | 101A) and file it with this   |  |  |

Debtor 1 Kathryn E Martin

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Case number (if known)

| Par | Report About Any Bu   | sinesses \ | ou Own                    | as a Sole Propriet                             | or  |
|-----|---|------------|---------------------------|--|---|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to                     | Part 4.  |   |
|     |   | ☐ Yes.     | Name                      | and location of bus                            | iness   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            | Name                      | of business, if any                            |   |
|     | If you have more than one sole proprietorship, use a  |            | Numb                      | er, Street, City, Stat                         | e & ZIP Code  |
|     | separate sheet and attach it to this petition.  |            | Check                     | the appropriate bo                             | x to describe your business:  |
|     |   |            |                           | Health Care Busin                              | ness (as defined in 11 U.S.C. § 101(27A))   |
|     |   |            |                           | Single Asset Real                              | Estate (as defined in 11 U.S.C. § 101(51B))   |
|     |   |            |                           | Stockbroker (as de                             | efined in 11 U.S.C. § 101(53A))   |
|     |   |            |                           | Commodity Broke                                | r (as defined in 11 U.S.C. § 101(6))  |
|     |   |            |                           | None of the above                              |   |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines  | . If you in<br>s, cash-fl | dicate that you are a<br>ow statement, and for | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.      | I am n                    | ot filing under Chap                           | ter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      | I am fi<br>Code.          |  | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|     |   | ☐ Yes.     | I am fi                   | ling under Chapter                             | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
| Par | t 4: Report if You Own or   | Have Any   | Hazardo                   | us Property or An                              | y Property That Needs Immediate Attention   |
| 14. | Do you own or have any  | ■ No.      |                           |  |   |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and  | ☐ Yes.     | What is t                 | he hazard?                                     |   |
|     | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |            |                           | iate attention is<br>why is it needed?         |   |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |            | Where is                  | the property?                                  | Number, Street, City, State & Zip Code  |
|     |   |            |                           |  |   |

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Debtor 1 Kathryn E Martin

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DUL | Katiliyii E Wartiii   |  |   |   |  |  |
|-----|---|--|---|---|--|--|
| Par | 6: Answer These Quest   | ions for R   | eporting Purposes                           |   |  |  |
| 16. | What kind of debts do you have?   | 16a.   | individual primarily for a pers             |   | ned in 11 U.S.C. § 101(8) as "incurred by an   |  |
|     |   |  | _   |   | ts? Business debts are debts that you incurred to obtain ough the operation of the business or investment.  ot consumer debts or business debts  18.  18.  ate that after any exempt property is excluded and administrative expenses ribute to unsecured creditors?  1900-5,000   |  |
|     |   |  |   |   | sts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an or household purpose."  s? Business debts are debts that you incurred to obtain ough the operation of the business or investment.  ot consumer debts or business debts  18.  18.  the that after any exempt property is excluded and administrative expenses ribute to unsecured creditors?  00-5,000   |  |
|     |   | 16b.   | money for a business or inve                |   |  |  |
|     |   |  |   |   |  |  |
|     |   | 4.0  |   |   |  |  |
|     |   | 16C.   | State the type of debts you o               | we that are not consumer debts or busines     | SS GEDTS   |  |
| 17. | Are you filing under Chapter 7?   | ■ No.  | I am not filing under Chapter               | 7. Go to line 18.                             |  |  |
|     | Do you estimate that<br>after any exempt<br>property is excluded and                    | individual primarily for a personal, family, or household purpose."    No. Go to line 16b.   Yes. Go to line 17. |   |   |  |  |
|     | administrative expenses   |  | □ No  |   | fined in 11 U.S.C. § 101(8) as "incurred by an sthat you incurred to obtain siness or investment.  sess debts  perty is excluded and administrative expenses of 50,001-50,000  50,001-100,000  More than 100,000  More than \$50 billion  \$10,000,000,001 - \$10 billion  \$10,000,000,001 |  |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |  | ☐ Yes                                       |   |  |  |
| 18. | How many Creditors do   | <b>■</b> 1-49  |   | <b>1</b> ,000-5,000                           | □ 25,001-50,000  |  |
|     | you estimate that you owe?  |  |   |   |  |  |
|     |   |  |   | □ 10,001-25,000                               | ☐ More than100,000   |  |
|     |   |  |   |   |  |  |
| 19. | How much do you estimate your assets to   |  |   |   |  |  |
|     | be worth?   |  |   |   |  |  |
|     |   |  |   | □ \$100,000,001 - \$500 million               | ☐ More than \$50 billion   |  |
| 20. | How much do you   | <b>■</b> \$0 - \$  | 50,000                                      |   |  |  |
|     | estimate your liabilities to be?  |  |   |   |  |  |
|     |   |  |   |   |  |  |
| Par | t 7: Sign Below   |  |   |   |  |  |
| For | you   | I have ex  | amined this petition, and I dec             | lare under penalty of perjury that the inforr | mation provided is true and correct.   |  |
|     |   |  |   |   |  |  |
|     |   | documen  | t, I have obtained and read the             | e notice required by 11 U.S.C. § 342(b).      | •  |  |
|     |   | I request  | relief in accordance with the c             | chapter of title 11, United States Code, spe  | cified in this petition.   |  |
|     |   | bankrupto<br>and 3571  | cy case can result in fines up t            |   |  |  |
|     |   | Kathryn  | ryn E Martin<br>n E Martin<br>e of Debtor 1 | Signature of Debto                            | or 2   |  |
|     |   | Executed   | on August 9, 2016                           | Executed on                                   |  |  |
|     |   |  | MM / DD / YYYY                              | MM  | 1 / DD / YYYY  |  |

Debtor 1 Kathryn E Martin

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Mehul D     | ). Desai               |       | Date    | August 9, 2016                   |
|-----------------|------------------------|-------|---------|----------------------------------|
| Signature of    | Attorney for Debtor    |       |         | MM / DD / YYYY                   |
| Mehul D. D      | )esai                  |       |         |                                  |
| Printed name    |                        |       |         |                                  |
| Swanson 8       | & Desai, LLC           |       |         |                                  |
| Firm name       |                        |       |         |                                  |
| 670 W Hub       | bard                   |       |         |                                  |
| Suite 202       |                        |       |         |                                  |
| Chicago, II     | L 60654                |       |         |                                  |
| Number, Street, | City, State & ZIP Code |       |         |                                  |
| Contact phone   | 312-666-7882           | Email | address | kc@chicagobankruptcyattorney.com |
| 6296214         |                        |       |         |                                  |
| Bar number & St | ate                    |       |         |                                  |

Debtor 1 Kathryn E Martin

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Case number (if known)

| Fill in this infor  | mation to identify your  | case:             |             |                      |
|---------------------|--------------------------|-------------------|-------------|----------------------|
| Debtor 1            | Kathryn E Martin         |                   |             |                      |
|                     | First Name               | Middle Name       | Last Name   |                      |
| Debtor 2            |                          |                   |             |                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                      |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                      |
| Case number         |                          |                   |             | ☐ Check if this is a |
| (,                  |                          |                   |             | amended filing       |

### FORM 101. VOLUNTARY PETITION

### **Prior Bankruptcy Cases Filed Attachment**

| District                                       | Case Number | Date Filed |
|--|-------------|------------|
| Northern District of Illinois Eastern Division | 16-00203    | 1/05/16    |
| Northern District of Illinois Eastern Division | 15-28658    | 8/21/15    |
| Northern District of Illinois Eastern Division | 15-04857    | 2/13/15    |
| Northern District of Illinois Eastern Division | 14-10778    | 3/25/14    |

|                          | Docum                                  | THE TAUC S OF SE  |   |
|--------------------------|--|---|---|
| mation to identify your  | case:                                  |   |   |
| Kathryn E Martin         |  |   |   |
| First Name               | Middle Name                            | Last Name   |   |
|                          |  |   |   |
| First Name               | Middle Name                            | Last Name   |   |
| inkruptcy Court for the: | NORTHERN DISTRICT                      | OF ILLINOIS   |   |
|                          |  |   |   |
|                          | Kathryn E Martin First Name First Name | Kathryn E Martin First Name Middle Name  First Name Middle Name | Kathryn E Martin First Name Middle Name Last Name  First Name Middle Name Last Name |

☐ Check if this is an amended filing

12/15

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| ı aı | t 1: Summarize Your Assets  |             |                               |
|------|---|-------------|-------------------------------|
|      |   | Your a      | ssets<br>of what you own      |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 0.00                          |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 16,085.00                     |
|      | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 16,085.00                     |
| Par  | t 2: Summarize Your Liabilities   |             |                               |
|      |   |             | <b>abilities</b><br>t you owe |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$          | 26,820.68                     |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$          | 0.00                          |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 10,709.28                     |
|      | Your total liabilities  | \$          | 37,529.96                     |
| Par  | t 3: Summarize Your Income and Expenses   |             |                               |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 2,546.14                      |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 2,055.00                      |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records  |             |                               |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | r other sch | nedules.                      |
| 7.   | ■ Yes What kind of debt do you have?  |             |                               |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | personal,   | family, or                    |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known) Debtor 1 Kathryn E Martin

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ |
|----|--|----|
|    |  |    |

2,508.61

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | claim |
|--|---------|-------|
| From Part 4 on Schedule E/F, copy the following:   |         |       |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00  |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00  |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00  |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 0.00  |

Case 16-25590 Doc 1 Filed 08/09/16 Entered 08/09/16 16:43:51 Desc Main Page 11 of 51 Document Fill in this information to identify your case and this filing: Debtor 1 Kathryn E Martin Middle Name Last Name First Name Debtor 2 Middle Name (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Dodge Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Avenger Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2014 Debtor 2 only Current value of the Current value of the 49653 Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another \$11,875.00 \$11,875.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$11,875.00 pages you have attached for Part 2. Write that number here.....=>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

|   | er (if known)   |
|---|---|
|   |   |
| 2 Beds, 2 Bedroom Sets, and Kitchen Table   | \$1,200.00  |
| reo, and digital equipment; computers, printers, scanne<br>layers, games  | ers; music collections; electronic devices  |
| <b>i</b>  | \$500.00  |
| or other artwork; books, pictures, or other art objects; ses r hobby equipment; bicycles, pool tables, golf clubs, sk |   |
|   | \$150.00  |
| esigner wear, shoes, accessories  |   |
|   | \$300.00  |
| agement rings, wedding rings, heirloom jewelry, watch   | es, gems, gold, silver  |
|   | \$500.00  |
|   |   |
|   |   |
| o o e s   | or other artwork; books, pictures, or other art objects; sis  hobby equipment; bicycles, pool tables, golf clubs, sk  direlated equipment |

Official Form 106A/B Schedule A/B: Property page 2

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| De  | ptor 1        | Kathryn E Ma                               | rtin     |                             | Case number (if kno  | wn)   |
|-----|---------------|--|----------|-----------------------------|--|---|
| 15. |               |  |          |                             | rt 3, including any entries for pages you have attached  | \$2,900.00  |
| _   |               |  |          |                             |  |   |
|     |               | escribe Your Financi<br>wn or have any le  |          | s<br>quitable interest in a | ny of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No          |  |          | our wallet, in your hom     | ne, in a safe deposit box, and on hand when you file your p  | etition   |
|     | Exam          |  | -        |                             | nts; certificates of deposit; shares in credit unions, brokera vith the same institution, list each.                                 | ge houses, and other similar  |
|     | □ No<br>■ Yes |  |          |                             | Institution name:  |   |
|     |               |  | 17.1.    | Credit Union<br>Checking    | Healthcare Associates  | \$105.00  |
|     |               |  | 17.2.    | Credit Union<br>Savings     | Healthcare Associates  | \$5.00  |
|     | Exam<br>■ No  | s, mutual funds, o<br>pples: Bond funds, i |          |                             | erage firms, money market accounts   |   |
|     | -             | oublicly traded stoventure                 | ck and   | interests in incorpor       | ated and unincorporated businesses, including an inte  | erest in an LLC, partnership, and   |
|     |               | . Give specific info                       |          | about them<br>me of entity: | <br>% of ownership:  |   |
|     | Nego          | tiable instruments in                      | nclude p | personal checks, cashi      | able and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. |   |
|     | □ Yes         | . Give specific infor                      |          | about them<br>uer name:     |  |   |
|     |               | ement or pension and ples: Interests in IR |          |                             | 3(b), thrift savings accounts, or other pension or profit-shar   | ing plans   |
|     |               | . List each account                        | •        | ely.<br>of account:         | Institution name:  |   |
|     | Your          |  | deposit  | ts you have made so t       | hat you may continue service or use from a company<br>ublic utilities (electric, gas, water), telecommunications com                 | npanies, or others  |
|     |               |  |          |                             | Institution name or individual:  |   |
|     |               |  | Rent     | al deposit                  | Arelis Santamaria  | \$1,200.00  |
|     | ■ No          | `  | ·        | dic payment of money        | to you, either for life or for a number of years)  |   |

Case 16-25590 Doc 1 Filed 08/09/16 Entered 08/09/16 16:43:51 Desc Main Document Page 14 of 51 Case number (if known) Debtor 1 Kathryn E Martin 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No

Official Form 106A/B Schedule A/B: Property page 4

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ Yes. Describe each claim.......

☐ Yes. Describe each claim.......

■ No

|                |        | Case 16-25590  | Doc 1           | Filed 08/09/16<br>Document | Entered 0<br>Page 15 of | 8/09/16 16:43:51<br>51    | Desc Main                |
|----------------|--------|--|-----------------|----------------------------|-------------------------|---------------------------|--------------------------|
| Debte          | or 1   | Kathryn E Martin   |                 | Bocament                   | ————                    | Case number (if known)    |                          |
| 35. <b>A</b>   | ny fin | ancial assets you did not  | already list    |                            |                         |                           |                          |
|                | No     |  |                 |                            |                         |                           |                          |
|                | Yes.   | Give specific information  |                 |                            |                         |                           |                          |
|                |        | he dollar value of all of your terms of the deliar value of all of your terms of the deliar terms of the d |                 |                            |                         |                           | \$1,310.00               |
|                |        |  |                 |                            |                         |                           |                          |
| Part 5         | Des    | scribe Any Business-Related  | Property You    | Own or Have an Interest I  | n. List any real esta   | te in Part 1.             |                          |
| 37. <b>D</b> c | you c  | own or have any legal or equi  | itable interest | in any business-related p  | roperty?                |                           |                          |
|                | No. Go | to Part 6.   |                 |                            |                         |                           |                          |
|                | Yes. G | io to line 38.   |                 |                            |                         |                           |                          |
|                |        |  |                 |                            |                         |                           |                          |
| Part 6         |        | scribe Any Farm- and Comme<br>ou own or have an interest in fa   |                 |                            | n or Have an Interes    | st In.                    |                          |
| 46. <b>D</b>   | o you  | own or have any legal or   | r equitable in  | iterest in any farm- or o  | commercial fishir       | g-related property?       |                          |
|                | No.    | Go to Part 7.  |                 |                            |                         |                           |                          |
| [              | ☐ Yes. | Go to line 47.   |                 |                            |                         |                           |                          |
|                |        |  |                 |                            |                         |                           |                          |
| Part 7         | 7:     | Describe All Property You  | Own or Have a   | n Interest in That You Did | Not List Above          |                           |                          |
| 53. <b>D</b>   | o you  | have other property of a   | ny kind you     | did not already list?      |                         |                           |                          |
|                |        | oles: Season tickets, country  | y club membe    | ership                     |                         |                           |                          |
| _              | No     | 0  |                 |                            |                         |                           |                          |
| Ц              | Yes.   | Give specific information  |                 |                            |                         |                           |                          |
| 54.            | Add t  | he dollar value of all of yo   | our entries fr  | om Part 7. Write that n    | umber here              |                           | \$0.00                   |
|                |        | ·  |                 |                            |                         |                           |                          |
| Part 8         | 3:     | List the Totals of Each Part   | of this Form    |                            |                         |                           |                          |
| 55.            | Part 1 | : Total real estate, line 2  |                 |                            |                         |                           | \$0.00                   |
|                |        | 2: Total vehicles, line 5  |                 |                            | \$11,875.00             |                           | Ψ0.00                    |
| 57.            | Part 3 | : Total personal and hou   | sehold items    | s, line 15                 | \$2,900.00              |                           |                          |
| 58.            | Part 4 | : Total financial assets, li   | ine 36          |                            | \$1,310.00              |                           |                          |
| 59.            | Part 5 | i: Total business-related រុ   | property, line  | e 45                       | \$0.00                  |                           |                          |
| 60.            | Part 6 | : Total farm- and fishing-   | related prop    | erty, line 52              | \$0.00                  |                           |                          |
| 61.            | Part 7 | : Total other property not   | t listed, line  | 54 +                       | \$0.00                  |                           |                          |
| 62.            | Total  | personal property. Add lir   | nes 56 throug   | h 61                       | \$16,085.00             | Copy personal property to | otal <b>\$16,085.0</b> 0 |
| 63.            | Total  | of all property on Schedu  | ule A/B. Add    | ine 55 + line 62           |                         |                           | \$16,085.00              |
|                |        |  |                 |                            |                         |                           |                          |

Official Form 106A/B Schedule A/B: Property page 5

|   |                         | Docume            | T ddC TO OI ST |  |
|---|-------------------------|-------------------|----------------|--|
| Fill in this infor                      | mation to identify your | case:             |                |  |
| Debtor 1                                | Kathryn E Martin        |                   |                |  |
|   | First Name              | Middle Name       | Last Name      |  |
| Debtor 2                                |                         |                   |                |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name      |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS    |  |
| Case number                             |                         |                   |                |  |
| (if known)                              |                         |                   |                |  |
|   |                         |                   |                |  |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec                              | ck only one box for each exemption.                             |                                    |
| Couch, Chair, Table, 2 Beds, 2<br>Bedroom Sets, and Kitchen Table                      | \$1,200.00                           |                                   | \$1,200.00  | 735 ILCS 5/12-1001(b)              |
| with 4 chairs. Line from Schedule A/B: 6.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2 54" Flat Screen TVs Line from Schedule A/B: 7.1                                      | \$500.00                             |                                   | \$500.00  | 735 ILCS 5/12-1001(b)              |
| Line Iron Schedule Av.B. 7-1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Bowling ball Line from Schedule A/B: 9.1   | \$150.00                             |                                   | \$150.00  | 735 ILCS 5/12-1001(b)              |
| Ellie II olii ochedale A.B. G.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothing Line from Schedule A/B: 11.1   | \$300.00                             |                                   | \$300.00  | 735 ILCS 5/12-1001(a)              |
| Line Iron Schedule AVB. 11.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wedding ring Line from Schedule A/B: 12.1  | \$500.00                             |                                   | \$500.00  | 735 ILCS 5/12-1001(b)              |
| Line nom <i>Schedule AVB</i> . 12-1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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Case number (if known)

|   | · · · · · · · · · · · · · · · · · · ·   |  |   |   |                                    |
|---|---|--|---|---|------------------------------------|
|   | Brief description of the property and line on Schedule A/B that lists this property   | Current value of the Amount of the exemption you claim portion you own |   |   | Specific laws that allow exemption |
|   |   | Copy the value from<br>Schedule A/B                                    | Che   |   |                                    |
|   | Dog<br>Line from <i>Schedule A/B</i> : <b>13.1</b>                                    | \$250.00   | •   | \$250.00  | 735 ILCS 5/12-1001(b)              |
|   | Line Holli Schedule A.B. 13.1   |  | 100% of fair market value, up to any applicable statutory limit |   |                                    |
|   | Credit Union Checking: Healthcare<br>Associates                                       | \$105.00   |   | \$105.00  | 735 ILCS 5/12-1001(b)              |
| _ | Line from Schedule A/B: 17.1  |  |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Credit Union Savings: Healthcare<br>Associates  | \$5.00   |   | \$5.00  | 735 ILCS 5/12-1001(b)              |
| _ | Line from Schedule A/B: 17.2  |  |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Rental deposit: Arelis Santamaria   | \$1,200.00   |   | \$1,200.00  | 735 ILCS 5/12-1001(b)              |
|   | Line nom Schedule A/B. 22.1   |  |   | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Are you claiming a homestead exemption<br>(Subject to adjustment on 4/01/19 and every |  |   | led on or after the date of adjustme                            | nt.)                               |
| ı | No  |  |   |   |                                    |
| l | Yes. Did you acquire the property cover   | red by the exemption wi  | ithin 1   | ,215 days before you filed this case                            | ?                                  |
|   | □ No  |  |   |   |                                    |
|   | ☐ Yes   |  |   |   |                                    |

|                       |                          | Document   | Page 1          | 8 of 51                         |                        |                             |
|-----------------------|--------------------------|--|-----------------|---------------------------------|------------------------|-----------------------------|
| Fill in this inform   | ation to identify you    | r case:  |                 |                                 |                        |                             |
| Debtor 1              | Kathryn E Marti          | n  |                 |                                 |                        |                             |
| Debtor 1              | First Name               | Middle Name  | Last Name       |                                 |                        |                             |
| Debtor 2              |                          |  |                 |                                 |                        |                             |
| (Spouse if, filing)   | First Name               | Middle Name  | Last Name       |                                 |                        |                             |
| United States Ban     | kruptcy Court for the:   | NORTHERN DISTRICT OF ILI   | LINOIS          |                                 |                        |                             |
|                       |                          |  |                 |                                 |                        |                             |
| Case number           |                          |  |                 |                                 |                        | of districts and            |
| (II KIIOWII)          |                          |  |                 |                                 |                        | if this is an<br>ded filing |
|                       |                          |  |                 |                                 | amend                  | led lilling                 |
| Official Form         | 106D                     |  |                 |                                 |                        |                             |
|                       |                          | Who Have Claims  | Secure          | d by Propert                    | N/                     | 12/15                       |
| ochedule i            | D. Creditors             | Wild Have Claims   | <u> </u>        | u by Propert                    | <u>y</u>               | 12/13                       |
|                       |                          | If two married people are filing togeth<br>out, number the entries, and attach it        |                 |                                 |                        |                             |
| . Do any creditors h  | nave claims secured by   | your property?   |                 |                                 |                        |                             |
| ☐ No. Check           | this box and submit th   | nis form to the court with your other  | r schedules. '  | You have nothing else t         | o report on this form. |                             |
|                       | all of the information I | •  |                 | · ·                             | ·                      |                             |
|                       |                          | Sciow.   |                 |                                 |                        |                             |
|                       | Secured Claims           |  |                 | . Column A                      | Column B               | Column C                    |
|                       |                          | nore than one secured claim, list the cre<br>a particular claim, list the other creditor |                 | Amount of claim                 | Value of collateral    | Unsecured                   |
|                       |                          | cal order according to the creditor's nam  |                 | Do not deduct the               | that supports this     | portion                     |
| 2.1 Credit Acc        | eptance Corp.            | Describe the property that secures   | the claim:      | value of collateral. \$9,969.68 | claim<br>\$7,050.00    | If any <b>\$2,919.68</b>    |
| Creditor's Name       | cptarioc corp.           | 2007 Chevrolet Equinox-V6  |                 | ψ3,303.00                       | Ψ1,000.00              | Ψ2,313.00                   |
|                       |                          | AWD  | 45 20           |                                 |                        |                             |
| 25505 W T             | welve Mile Rd            | As of the data you file the claim is:  |                 |                                 |                        |                             |
| Ste 3000              |                          | As of the date you file, the claim is: apply.  | Check all that  |                                 |                        |                             |
| Southfield            | , MI 48034               | ☐ Contingent   |                 |                                 |                        |                             |
| Number, Street,       | City, State & Zip Code   | ☐ Unliquidated   |                 |                                 |                        |                             |
|                       | 10.5                     | Disputed   |                 |                                 |                        |                             |
| Who owes the deb      | ot? Check one.           | Nature of lien. Check all that apply.  |                 |                                 |                        |                             |
| Debtor 1 only         |                          | ☐ An agreement you made (such as car loan)   | mortgage or se  | ecured                          |                        |                             |
| Debtor 2 only         |                          |  |                 |                                 |                        |                             |
| Debtor 1 and Deb      |                          | ☐ Statutory lien (such as tax lien, me   | chanic's lien)  |                                 |                        |                             |
|                       | e debtors and another    | ☐ Judgment lien from a lawsuit   | D               | M O                             |                        |                             |
| Check if this cla     |                          | Other (including a right to offset)  | Purchase        | Money Security                  |                        |                             |
| Date debt was incu    | rred                     | Last 4 digits of account num   | ber             |                                 |                        |                             |
|                       |                          |  |                 |                                 |                        |                             |
|                       | inancial Svc             | Describe the property that secures   |                 | \$16,851.00                     | \$11,875.00            | \$4,976.00                  |
| Creditor's Name       |                          | 2014 Dodge Avenger 49653   | miles           |                                 |                        |                             |
|                       |                          |  |                 |                                 |                        |                             |
| 1420 S 500            | \ \/\                    | As of the date you file, the claim is:   | Check all that  |                                 |                        |                             |
|                       | City, UT 84115           | apply.   |                 |                                 |                        |                             |
|                       | City, State & Zip Code   | ☐ Contingent   |                 |                                 |                        |                             |
| Number, Street,       | City, State & Zip Code   | ☐ Unliquidated ☐ Disputed  |                 |                                 |                        |                             |
| Who owes the deb      | ot? Check one.           | Nature of lien. Check all that apply.  |                 |                                 |                        |                             |
| ■ Debtor 1 only       |                          | ☐ An agreement you made (such as   | mortgage or so  | ecured                          |                        |                             |
| Debtor 2 only         |                          | car loan)  |                 |                                 |                        |                             |
| Debtor 1 and Debtor 1 | otor 2 only              | ☐ Statutory lien (such as tax lien, me   | ochanic's lier  |                                 |                        |                             |
|                       | e debtors and another    | ☐ Judgment lien from a lawsuit   | ionanio S IIBN) |                                 |                        |                             |
|                       |                          | — Jaugineni nen Helli alawault   |                 |                                 |                        |                             |

☐ Check if this claim relates to a community debt

Other (including a right to offset)

**Purchase Money Security** 

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| Debtor 1 Kathryn E                                | Martin  |   | Case number (if know) |                                |                                  |
|---|---|---|-----------------------|--------------------------------|----------------------------------|
| First Name  | Middle Name   | Last Name   |                       |                                |                                  |
|   | Opened<br>09/15 Last<br>Active                      |   |                       |                                |                                  |
| Date debt was incurred                            |   | Last 4 digits of account number   | 6551                  |                                |                                  |
|   |   |   |                       |                                |                                  |
| Add the dollar value o                            | f your entries in Columi                            | n A on this page. Write that number h   | ere:                  | \$26,820.68                    |                                  |
| If this is the last page<br>Write that number her |   | ollar value totals from all pages.  |                       | \$26,820.68                    |                                  |
| Part 2: List Others t                             | to Be Notified for a D                              | ebt That You Already Listed   |                       |                                |                                  |
| trying to collect from yo                         | ou for a debt you owe to<br>y of the debts that you | fied about your bankruptcy for a deb<br>someone else, list the creditor in Pa<br>listed in Part 1, list the additional cre<br>ge. | rt 1, and then        | list the collection agency h   | ere. Similarly, if you have more |
|   |   |   |                       |                                |                                  |
|   | treet, City, State & Zip Co                         | ode   | On which lin          | ne in Part 1 did you enter the | creditor? 2.2                    |
| Prestige Fina                                     |   |   |                       |                                |                                  |
| Attn: Bankrup                                     | •   |   | Last 4 digits         | of account number              |                                  |
| 1420 South 5                                      |   |   |                       |                                |                                  |
| Salt Lake City                                    | /, UT 84115   |   |                       |                                |                                  |

|            | Ous                                | C 10 20000 E                 | Docum                        | nent Page 2                                     | 0 of 51   | .01 000           | o mani                  |
|------------|------------------------------------|------------------------------|------------------------------|---|---|-------------------|-------------------------|
| Fill in    | this informa                       | tion to identify your        |                              | iciti i dae z                                   | O OI SI   |                   |                         |
| Debtor     | r 1                                | Kathryn E Martin             |                              |   |   |                   |                         |
| Dobto.     |                                    | First Name                   | Middle Name                  | Last Name                                       |   |                   |                         |
| Debtor     |                                    |                              |                              |   |   |                   |                         |
| (Spouse    | if, filing)                        | First Name                   | Middle Name                  | Last Name                                       |   |                   |                         |
| United     | States Bank                        | ruptcy Court for the:        | NORTHERN DISTRI              | CT OF ILLINOIS                                  |   |                   |                         |
| Case r     | number                             |                              |                              |   |   |                   |                         |
| (if known  | n)                                 |                              |                              |   |   | _ c               | heck if this is an      |
|            |                                    |                              |                              |   |   | ar                | mended filing           |
| Offici     | ial Form                           | 106F/F                       |                              |   |   |                   |                         |
|            |                                    |                              | ho Have Unse                 | cured Claims                                    |   |                   | 12/15                   |
|            |                                    |                              |                              |   | Part 2 for creditors with NON   | JPRIORITY clair   |                         |
| eft. Atta  | ach the Contin<br>nd case numb     | uation Page to this pag      | e. If you have no informa    |   | the Part you need, fill it out,<br>do not file that Part. On the t                                      |                   |                         |
|            |                                    | have priority unsecured      |                              |   |   |                   |                         |
|            | No. Go to Part                     |                              | d ciamis agamst your         |   |   |                   |                         |
|            | Yes.                               | . Z.                         |                              |   |   |                   |                         |
| Part 2     |                                    | of Your NONPRIORIT           | Y Unsecured Claims           |   |   |                   |                         |
|            |                                    |                              | ured claims against you      | ?   |   |                   |                         |
| _          | -                                  |                              |                              | court with your other sche                      | adulaa  |                   |                         |
| _          |                                    | nothing to report in this pa | art. Submit this form to the | court with your other sche                      | edules.   |                   |                         |
|            | Yes.                               |                              |                              |   |   |                   |                         |
| uns<br>tha | secured claim,                     | list the creditor separately | for each claim. For each     | claim listed, identify what                     | b holds each claim. If a credit<br>type of claim it is. Do not list cl<br>three nonpriority unsecured c | aims already incl | uded in Part 1. If more |
|            |                                    |                              |                              |   |   |                   | Total claim             |
| 4.1        | Arelis Sar                         | ntamaria                     | Last 4 di                    | gits of account number                          | 3628  |                   | \$1,345.00              |
|            |                                    | reditor's Name               |                              |   | 0/0/0040  |                   |                         |
|            | 1929 S. S <sub>i</sub><br>Chicago, |                              | When wa                      | s the debt incurred?                            | 8/3/2016  |                   |                         |
|            |                                    | et City State Zlp Code       | As of the                    | date you file, the claim                        | is: Check all that apply  |                   |                         |
|            | Who incurre                        | d the debt? Check one.       |                              |   |   |                   |                         |
|            | Debtor 1                           | only                         | ☐ Contin                     | igent   |   |                   |                         |
|            | Debtor 2                           | only                         | ☐ Unliqu                     | idated  |   |                   |                         |
|            | Debtor 1                           | and Debtor 2 only            | ☐ Dispu                      | ted   |   |                   |                         |
|            | ☐ At least o                       | ne of the debtors and and    | ther Type of N               | IONPRIORITY unsecure                            | d claim:  |                   |                         |
|            |                                    | this claim is for a comr     |                              |   |   |                   |                         |
|            | debt                               | subject to offset?           | •                            | ations arising out of a sepa<br>priority claims | ration agreement or divorce the   | nat you did not   |                         |
|            | ■ No                               | oubject to officer           |                              | •   | g plans, and other similar deb  | ts                |                         |
|            | ■ No                               |                              | <u></u>                      |   | 51, 23101 31111111 dob  |                   |                         |
|            | ☐ res                              |                              | Other                        | Specify Late Neit                               |   |                   |                         |

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Case number (if know)

| Debtor | 1 Kathryn E Martin  |   | Case number (if know)                         |                   |
|--------|---|---|---|-------------------|
| 4.2    | CashNetUSA  | Last 4 digits of account number                             |   | \$778.68          |
|        | Nonpriority Creditor's Name<br>175 W. Jackson Blvd., Ste 1000                           | When was the debt incurred?                                 |   |                   |
|        | Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                          | is: Check all that apply                      |                   |
|        | Debtor 1 only   | ☐ Contingent  |   |                   |
|        | Debtor 2 only   | ☐ Unliquidated  |   |                   |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |                   |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                | d claim:                                      |                   |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |                   |
|        | debt Is the claim subject to offset?  | Obligations arising out of a sepreport as priority claims   | aration agreement or divorce that you did not |                   |
|        | ■ No  | Debts to pension or profit-sharing                          | ng plans, and other similar debts             |                   |
|        | □ Yes   | Other. Specify Payday Lo                                    | an  |                   |
|        | City of Chicago Department of   |   |   | <b>\$7.700.00</b> |
| 4.3    | Finan   | Last 4 digits of account number                             |   | \$7,730.60        |
|        | Nonpriority Creditor's Name P.O. Box 88298 Chicago, IL 60680-1298                       | When was the debt incurred?                                 |   |                   |
|        | Number Street City State Zlp Code   | As of the date you file, the claim                          | is: Check all that apply                      |                   |
|        | Who incurred the debt? Check one.   |   |   |                   |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |                   |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                   |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |                   |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                | d claim:                                      |                   |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |                   |
|        | debt  |   | aration agreement or divorce that you did not |                   |
|        | Is the claim subject to offset?   | report as priority claims                                   |   |                   |
|        | No  | Debts to pension or profit-sharing                          |   |                   |
|        | Yes   | Other. Specify Parking Tie                                  | ckets   |                   |
| 4.4    | Peoples Gas   | Last 4 digits of account number                             | 0465  | \$246.00          |
|        | Nonpriority Creditor's Name  200 East Randolph Chicago, IL 60601                        | When was the debt incurred?                                 | Opened 9/21/15 Last Active 12/25/15           |                   |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim                          | is: Check all that apply                      |                   |
|        | Debtor 1 only   | ☐ Contingent  |   |                   |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |                   |
|        | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |   |                   |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecure                                | d claim:                                      |                   |
|        | ☐ Check if this claim is for a community  | ☐ Student loans   |   |                   |
|        | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepreport as priority claims | aration agreement or divorce that you did not |                   |
|        | ■ No  | ☐ Debts to pension or profit-shari                          | ng plans, and other similar debts             |                   |
|        | Yes   | ■ Other. Specify Agriculture                                | •   |                   |

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Case number (if know)

4.5 Semrad Law LLC Last 4 digits of account number \$400.00 Nonpriority Creditor's Name 20 S. Clark St. Suite 2800 When was the debt incurred? Chicago, IL 60603 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Attorneys Fees 4.6 Sinai Medical Group Last 4 digits of account number 3803 \$209.00 Nonpriority Creditor's Name 26460 Network Place When was the debt incurred? 3/03/15 Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Med Bill Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Arnold Scott Harris P.C. Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W Jackson Suite 400 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address CashNetUSA Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 643990 Part 2: Creditors with Nonpriority Unsecured Claims Cincinnati, OH 46264 Last 4 digits of account number 5143 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Peoples Gas** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 200 E Randolph St Part 2: Creditors with Nonpriority Unsecured Claims 20th Floor Chicago, IL 60601 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Sinai Medical Group Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1107 S. Mannheim Rd., Ste. 302 Part 2: Creditors with Nonpriority Unsecured Claims Westchester, IL 60154 Last 4 digits of account number

Official Form 106 E/F

Debtor 1 Kathryn E Martin

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Debtor 1 Kathryn E Martin

Case number (if know)

| 3 | R | n | 3 |
|---|---|---|---|
|   |   |   |   |

Name and Address Stephen R Patton City of Chicago Corp Counsel 121 N LaSalle St, Ste 600 Chicago, IL 60602 On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (*Check one*):

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     |    | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              | 6f. | Student loans   | 6f. | \$ | Total Claim |
| Total claims | OI. | ottuent toans   | Oi. | Φ  | 0.00        |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. |   | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 10,709.28   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 10,709.28   |

| Fill in this infor                      | mation to identify your | case:             |             |                       |
|---|-------------------------|-------------------|-------------|-----------------------|
| Debtor 1                                | Kathryn E Martin        |                   |             |                       |
|   | First Name              | Middle Name       | Last Name   |                       |
| Debtor 2                                |                         |                   |             |                       |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |                       |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |                       |
| Case number (if known)                  |                         |                   |             | ☐ Check if this is an |
|   |                         |                   |             | amended filing        |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Arelis Santamaria
1929 S. Spaulding Ave.
Chicago, IL 60623

State what the contract or lease is for
One year residential lease.

|                                 |  | Documei   | nt Page 25 of               | 51   |          |
|---------------------------------|--|---|-----------------------------|--|----------|
| Fill in this infor              | mation to identify your o                                  | ase:  |                             |  |          |
| Debtor 1                        | Kathryn E Martin   |   |                             |  |          |
|                                 | First Name   | Middle Name   | Last Name                   |  |          |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name   | Last Name                   |  |          |
| United States Ba                | ankruptcy Court for the:                                   | NORTHERN DISTRICT                                   | OF ILLINOIS                 |  |          |
| Case number                     |  |   |                             |  |          |
| (if known)                      |  |   |                             | ☐ Check if this is an amended filing   | I        |
| Official Fo                     | rm 106H  |   |                             |  |          |
|                                 | H: Your Code   | ebtors  |                             | 1;   | 2/15     |
| 1. Do you h □ No ■ Yes          | ave any codebtors? (If y                                   | ou are filing a joint case, d                       | o not list either spouse as | s a codebtor.  |          |
|                                 |  | lived in a community pro<br>Nevada, New Mexico, Pue |                             | ? (Community property states and territories include gton, and Wisconsin.)   | <b>;</b> |
| ■ No. Go to                     | line 3.  |   |                             |  |          |
| ☐ Yes. Did                      | your spouse, former spou                                   | se, or legal equivalent live                        | with you at the time?       |  |          |
| in line 2 aga                   | ain as a codebtor only if<br>, Schedule E/F (Official      | that person is a guarant                            | or or cosigner. Make su     | your spouse is filing with you. List the person sure you have listed the creditor on Schedule D (G). Use Schedule D, Schedule E/F, or Schedule | Official |
|                                 | nn 1: Your codebtor<br>Jumber, Street, City, State and ZIF | <sup>o</sup> Code                                   |                             | Column 2: The creditor to whom you owe the Check all schedules that apply:   | debt     |
| 2260                            | ela Johnson<br>S. Kirkland Ave.<br>ago, IL 60623           |   |                             | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Credit Acceptance Corp.  |          |

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|      |  |                             |   |             |      | •                  |                          |                                 |          |
|------|--|-----------------------------|---|-------------|------|--------------------|--------------------------|---------------------------------|----------|
|      | in this information to identify your otor 1 <b>Kathryn E</b>   |                             |   |             |      |                    |                          |                                 |          |
|      | otor 2   |                             |   |             | _    |                    |                          |                                 |          |
|      | ouse, if filing)<br>ited States Bankruptcy Court for th  | ne: NORTHERN DISTRIC        | CT OF ILLINOIS                                      |             |      |                    |                          |                                 |          |
|      | se number  | NOITHERN DIOTHE             | OT OF ILLINOIS                                      |             | _    | Check if th        | nie ie:                  |                                 |          |
|      | nown)  |                             | -   |             |      |                    | ended filing             |                                 |          |
|      |  |                             |   |             |      |                    |                          | ng postpetition following date: |          |
| 0    | fficial Form 106I  |                             |   |             |      | MM / E             | DD/ YYYY                 |                                 |          |
| S    | chedule I: Your Ind  | come                        |   |             |      |                    |                          |                                 | 12/15    |
| atta | use. If you are separated and you che a separate sheet to this form t1: Describe Employmen Fill in your employment | . On the top of any additi  | onal pages, write yo                                |             |      | d case numbe       | r (if known).            | Answer every                    |          |
|      | information.   |                             | Debtor 1  |             |      |                    |                          | filing spouse                   |          |
|      | If you have more than one job, attach a separate page with information about additional                            | Employment status           | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |             |      |                    | Employed<br>Not employed |                                 |          |
|      | employers.   | Occupation                  | Clerk 2   |             |      |                    |                          |                                 |          |
|      | Include part-time, seasonal, or self-employed work.  | Employer's name             | Sinai Communi                                       | ty Instit   | ute  |                    |                          |                                 |          |
|      | Occupation may include student or homemaker, if it applies.  | Employer's address          | 1500 S. Califorr<br>Chicago, IL 606                 |             |      |                    |                          |                                 |          |
|      |  | How long employed t         | here? <u>14.5 ye</u>                                | ars         |      |                    |                          |                                 |          |
| Par  | t 2: Give Details About Mo   | onthly Income               |   |             |      |                    |                          |                                 |          |
|      | mate monthly income as of the use unless you are separated.  | date you file this form. If | you have nothing to r                               | eport for   | any  | line, write \$0 ii | n the space. Ir          | nclude your no                  | n-filing |
|      | u or your non-filing spouse have n<br>e space, attach a separate sheet t   |                             | ombine the informatio                               | n for all e | empl | oyers for that p   | person on the            | lines below. If                 | you need |
|      |  |                             |   |             |      | For Debtor         |                          | ebtor 2 or<br>ling spouse       |          |
| 2.   | List monthly gross wages, sal deductions). If not paid monthly   |                             |   | 2.          | \$   | 2,174              | .29 \$                   | N/A                             |          |
| 3.   | Estimate and list monthly ove  | rtime pay.                  |   | 3.          | +\$  | 0                  | .00 +\$                  | N/A                             |          |
| 4.   | Calculate gross Income. Add  | line 2 + line 3.            |   | 4.          | \$   | 2,174.29           | 9     \$                 | N/A                             |          |

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| Deb | otor 1        | Kathryn E Martin  | _   |           | Case      | e number (if known) |         |                |                     |                   |
|-----|---------------|---|-----|-----------|-----------|---------------------|---------|----------------|---------------------|-------------------|
|     |               |   |     |           | Fo        | r Debtor 1          |         | ebtor          | 2 or<br>pouse       |                   |
|     | Сор           | y line 4 here   | 4   |           | \$_       | 2,174.29            | \$      | ming 5         | N/A                 | <u> </u>          |
| 5.  | List          | all payroll deductions:   |     |           |           |                     |         |                |                     |                   |
| ٥.  | 5a.           | Tax, Medicare, and Social Security deductions   | 5   | a.        | \$        | 205.86              | \$      |                | N/A                 |                   |
|     | 5b.           | Mandatory contributions for retirement plans  |     | b.        | \$        | 0.00                | \$      |                | N/A                 | _                 |
|     | 5c.           | Voluntary contributions for retirement plans  |     | c.        | \$        | 0.00                | \$      |                | N/A                 | _                 |
|     | 5d.           | Required repayments of retirement fund loans  | 5   | d.        | \$        | 0.00                | \$      |                | N/A                 |                   |
|     | 5e.           | Insurance   | 5   | e.        | \$        | 11.46               | \$      |                | N/A                 | <u> </u>          |
|     | 5f.           | Domestic support obligations  | 5   | f.        | \$        | 0.00                | \$      |                | N/A                 | <u> </u>          |
|     | 5g.           | Union dues  | 5   | g.        | \$        | 0.00                | \$      |                | N/A                 | <u> </u>          |
|     | 5h.           | Other deductions. Specify: PKG-H Lot  | _ 5 | h.+       | \$_       | 10.83               | + \$    |                | N/A                 | <u>\</u>          |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6   |           | \$_       | 228.15              | \$      |                | N/A                 | <u>\</u>          |
| 7.  | Cal           | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7   |           | \$_       | 1,946.14            | \$      |                | N/A                 | <u>\</u>          |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                           | 8:  | a.        | \$        | 0.00                | \$      |                | N/A                 |                   |
|     | 8b.           | Interest and dividends  |     | b.        | \$        | 0.00                | \$      |                | N/A                 |                   |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |     | C.        | \$        | 0.00                | \$      |                | N/A                 | _                 |
|     | 8d.           | Unemployment compensation   | 8   | d.        | \$        | 0.00                | \$      |                | N/A                 | <u> </u>          |
|     | 8e.           | Social Security   | 8   | e.        | \$        | 0.00                | \$      |                | N/A                 | <u> </u>          |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Link Pension or retirement income | 81  |           | \$_<br>\$ | 200.00              | \$      |                | N/A                 |                   |
|     | 8g.<br>8h.    |   |     | g.<br>h.+ |           | 0.00<br>400.00      | · · · — |                | N/A<br>N/A          | _                 |
|     | OII.          | Other monthly income. Specify: Hair Styling at Home   | _ 0 | II.Ŧ      | Ψ_        | 400.00              | + \$    |                | IN/A                | <u>\</u>          |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9   |           | \$_       | 600.00              | \$      |                | N/                  | Α                 |
| 10. | Cal           | culate monthly income. Add line 7 + line 9.   | 10. | \$        |           | 2,546.14 + \$       |         | N/A            | = \$                | 2,546.14          |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. | Ψ-        |           | 2,340.14            |         | 17/7           | -  <sup>\Pi</sup> - | 2,540.14          |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in <i>Schedule</i> and contributions from an unmarried partner, members of your household, your refriends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:                             | dep |           |           | •                   |         | chedule<br>11. |                     | 0.00              |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaies   |     |           |           |                     |         | 12.            | \$                  | 2,546.14          |
| 13. | Do y          | you expect an increase or decrease within the year after you file this form<br>No.  | ı?  |           |           |                     |         |                | Combi<br>month      | ined<br>ly income |
|     |               | Vec Evoluin:  |     |           |           |                     |         |                |                     |                   |

Official Form 106I Schedule I: Your Income page 2

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| Fill in t           | his informati              | on to identify yo               | our case:                  |  |  | 1            |                                   |   |
|---------------------|----------------------------|---------------------------------|----------------------------|--|--|--------------|-----------------------------------|---|
| Debtor '            |                            |                                 |                            |  |  | Ob -         | als if this is:                   |   |
| Deptor              | -                          | Kathryn E M                     | artın                      |  |  |              | ck if this is:  An amended filing |   |
| Debtor 2            | _                          |                                 |                            |  |  |              |                                   | ving postpetition chapter                             |
| (Spouse             | e, if filing)              |                                 |                            |  |  |              | 13 expenses as of                 | the following date:                                   |
| United S            | States Bankru              | otcy Court for the              | NORTH                      | IERN DISTRICT OF ILLII                                       | NOIS                                   | _            | MM / DD / YYYY                    |   |
| Case nu<br>(If know |                            |                                 |                            |  |  |              |                                   |   |
| Offic               | cial For                   | m 106J                          |                            |  |  |              |                                   |   |
| Sch                 | edule                      | J: Your I                       | Exper                      | ises   |  |              |                                   | 12/15   |
| inform              | ation. If mo               |                                 | eded, atta                 | . If two married people a<br>och another sheet to this<br>n. |  |              |                                   |   |
| Part 1:             |                            | e Your House                    | hold                       |  |  |              |                                   |   |
| 1. <b>Is</b>        | this a joint               | case?                           |                            |  |  |              |                                   |   |
|                     | No. Go to I                |                                 | n a senar                  | ate household?   |  |              |                                   |   |
| _                   | . 103. <b>D003</b><br>□ No | Debioi 2 live i                 | ii a sepai                 | ate nousenoia:   |  |              |                                   |   |
|                     |                            | s. Debtor 2 mus                 | st file Offici             | ial Form 106J-2, Expense                                     | es for Separate House                  | ehold of Deb | tor 2.                            |   |
| 2. <b>D</b>         | o vou have                 | dependents?                     | □ No                       |  |  |              |                                   |   |
| D                   | o not list Del<br>ebtor 2. | •                               | Yes.                       | Fill out this information for each dependent                 | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age                   | Does dependent live with you?                         |
| D                   | o not state th             | ne                              |                            |  |  |              |                                   | □ No  |
| de                  | ependents n                | ames.                           |                            |  | Daughter                               |              |                                   | Yes   |
|                     |                            |                                 |                            |  | Son                                    |              | 20                                | ■ No<br>□ Yes   |
|                     |                            |                                 |                            |  |  |              |                                   | □ No  |
|                     |                            |                                 |                            |  |  |              |                                   | ☐ Yes   |
|                     |                            |                                 |                            |  |  |              |                                   | □ No  |
| 3. <b>D</b>         | o vour expe                | nses include                    | _                          | NI.  |  |              | _                                 | ☐ Yes   |
| ex                  | penses of                  | people other the your depende   | han $_{oldsymbol{\sqcap}}$ | No<br>Yes  |  |              |                                   |   |
| expens              | ate your exp               |                                 | our bankr                  | uptcy filing date unless                                     |  |              |                                   | apter 13 case to report<br>f the form and fill in the |
| the val             |                            | assistance an                   |                            | government assistance<br>cluded it on <i>Schedule I:</i>     |  |              | Your exp                          | enses   |
|                     |                            | home owners<br>any rent for the |                            | ses for your residence.<br>or lot.                           | Include first mortgag                  | e<br>4. \$   |                                   | 950.00  |
| If                  | not include                | d in line 4:                    |                            |  |  |              |                                   |   |
| 4a                  | a. Real es                 | tate taxes                      |                            |  |  | 4a. \$       | •                                 | 0.00  |
| 41                  |                            | y, homeowner's                  | s, or renter               | 's insurance   |  | 4b. \$       |                                   | 0.00  |
| 40                  |                            |                                 |                            | upkeep expenses  |  | 4c. \$       |                                   | 0.00  |
| 4c                  |                            |                                 |                            | dominium dues  | ome equity loops                       | 4d. \$       |                                   | 0.00  |

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| Debtor 1         | Kathryn                            | E Martin  | Case num         | ber (if kno | own)                                 |
|------------------|------------------------------------|---|------------------|-------------|--------------------------------------|
| 6. <b>Util</b> i | ities:                             |   |                  |             |                                      |
| 6a.              |                                    | heat, natural gas   | 6a.              | \$          | 260.00                               |
| 6b.              | -                                  | wer, garbage collection   | 6b.              | · —         | 0.00                                 |
| 6c.              | •                                  | e, cell phone, Internet, satellite, and cable services  | 6c.              | · · —       | 120.00                               |
| 6d.              | Other. Spe                         |   | 6d.              | ·           | 0.00                                 |
|                  |                                    | ekeeping supplies   |                  | \$ —        | 400.00                               |
|                  |                                    | children's education costs  | 8.               | \$ —        | 0.00                                 |
| _                |                                    | ry, and dry cleaning  | 9.               | <b>\$</b> — | 50.00                                |
|                  | •                                  | oroducts and services   | 10.              | \$ —        | 80.00                                |
|                  | •                                  |   |                  | : —         |                                      |
|                  |                                    | ntal expenses   | 11.              | \$          | 0.00                                 |
|                  |                                    | Include gas, maintenance, bus or train fare.  | 12.              | \$          | 85.00                                |
|                  |                                    | ar payments.<br>clubs, recreation, newspapers, magazines, and   |                  | ·           | 0.00                                 |
|                  |                                    | ributions and religious donations   | 14.              | <b>\$</b> — | 0.00                                 |
|                  |                                    | ributions and rengious donations  | 14.              | Ψ           | 0.00                                 |
|                  | <b>irance.</b><br>not include in   | surance deducted from your pay or included in line  | s 4 or 20        |             |                                      |
|                  | . Life insura                      | , , ,   | 15a.             | \$          | 0.00                                 |
|                  | . Health ins                       |   | 15b.             |             | 0.00                                 |
|                  | . Vehicle in:                      |   | 15c.             | · —         | 110.00                               |
|                  |                                    | rance. Specify:   | 15d.             | · —         | 0.00                                 |
|                  |                                    | clude taxes deducted from your pay or included in   |                  | Ψ           | 0.00                                 |
|                  | cify:                              | icide taxes deducted from your pay or included in   | 16.              | \$          | 0.00                                 |
|                  |                                    | ease payments:  |                  | Ψ           | 0.00                                 |
|                  |                                    | ents for Vehicle 1  | 17a.             | \$          | 0.00                                 |
|                  |                                    | ents for Vehicle 2  | 17b.             | ·           | 0.00                                 |
|                  | . Other. Spe                       |   | 17c.             | ·           | 0.00                                 |
|                  | . Other. Spe                       |   | 17d.             | ·           | 0.00                                 |
|                  |                                    | of alimony, maintenance, and support that you   |                  | Ψ           | 0.00                                 |
|                  |                                    | your pay on line 5, Schedule I, Your Income (Of   |                  | \$          | 0.00                                 |
|                  |                                    | s you make to support others who do not live w  |                  | \$          | 0.00                                 |
|                  | cify:                              | ,   | 19.              |             |                                      |
|                  | ,                                  | erty expenses not included in lines 4 or 5 of this  |                  | our Inco    | me.                                  |
|                  |                                    | s on other property   | 20a.             |             | 0.00                                 |
|                  | . Real estat                       |   | 20b.             | \$          | 0.00                                 |
| 20c              | . Property,                        | homeowner's, or renter's insurance  | 20c.             | \$          | 0.00                                 |
|                  |                                    | nce, repair, and upkeep expenses  | 20d.             | \$          | 0.00                                 |
|                  |                                    | er's association or condominium dues  | 20e.             | ·           | 0.00                                 |
|                  | er: Specify:                       |   |                  | +\$         | 0.00                                 |
| 5.11             | opcony.                            |   |                  |             | 0.00                                 |
|                  | -                                  | monthly expenses  |                  |             |                                      |
|                  | . Add lines 4                      | •   |                  | \$          | 2,055.00                             |
| 22b              | . Copy line 2                      | 2 (monthly expenses for Debtor 2), if any, from Offi  | cial Form 106J-2 | \$          |                                      |
| 22c              | . Add line 22                      | a and 22b. The result is your monthly expenses.   |                  | \$          | 2,055.00                             |
|                  |                                    |   |                  |             | _,000.00                             |
|                  | -                                  | monthly net income.   |                  | _           |                                      |
|                  |                                    | 12 (your combined monthly income) from Schedule   |                  |             | 2,546.14                             |
| 23b              | . Copy your                        | monthly expenses from line 22c above.   | 23b.             | -\$         | 2,055.00                             |
|                  |                                    |   |                  |             |                                      |
| 23c.             |                                    | our monthly expenses from your monthly income.  | 00-              | œ.          | 491.14                               |
|                  | The result                         | is your monthly net income.   | 23c.             | \$          | 431.14                               |
| For e            | example, do yo<br>ification to the | an increase or decrease in your expenses within the uncert of the particle of the particle of your car loan within the year terms of your mortgage? |                  |             | to increase or decrease because of a |
| ■ N              |                                    | [F. L. L.   |                  |             |                                      |
|                  | ∕es.                               | Explain here:   |                  |             |                                      |

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| Fill in this               | information to identify your   | case:                    |                             |                           |                                 |
|----------------------------|--|--------------------------|-----------------------------|---------------------------|---------------------------------|
| Debtor 1                   | Kathryn E Martin   |                          |                             |                           |                                 |
| DCDIOI 1                   | First Name   | Middle Name              | Last Name                   |                           |                                 |
| Debtor 2                   |  |                          |                             |                           |                                 |
| (Spouse if, filin          | ng) First Name   | Middle Name              | Last Name                   |                           |                                 |
| United Stat                | tes Bankruptcy Court for the:  | NORTHERN DISTRICT        | OF ILLINOIS                 |                           |                                 |
| Case numb                  | ner  |                          |                             |                           |                                 |
| (if known)                 |  |                          |                             |                           | ☐ Check if this is an           |
|                            |  |                          |                             |                           | amended filing                  |
| You must fi<br>obtaining n | ied people are filing together<br>ile this form whenever you fi<br>noney or property by fraud in<br>oth. 18 U.S.C. §§ 152, 1341, 1 | le bankruptcy schedules  | s or amended schedules.     | Making a false stateme    |                                 |
|                            | Sign Below   |                          |                             |                           |                                 |
| Did yo                     | ou pay or agree to pay some  | one who is NOT an atto   | rney to help you fill out b | ankruptcy forms?          |                                 |
| <b>I</b>                   | No   |                          |                             |                           |                                 |
|                            | Yes. Name of person  |                          |                             |                           | tcy Petition Preparer's Notice, |
|                            |  |                          |                             | Declaration, and          | d Signature (Official Form 119) |
|                            | penalty of perjury, I declare ney are true and correct.  | that I have read the sum | nmary and schedules filed   | d with this declaration a | nd                              |
| X /s                       | / Kathryn E Martin   |                          | X                           |                           |                                 |
|                            | athryn E Martin  |                          | Signature of I              | Debtor 2                  |                                 |
|                            | gnature of Debtor 1  |                          | <b>O</b>                    |                           |                                 |
| Da                         | ate August 9, 2016   |                          | Date                        |                           |                                 |
| De                         | August 9, 2010   |                          |                             |                           |                                 |

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| Fill i      | n this inform      | nation to identify you                     | r case:  |                                    |                                     |                                    |
|-------------|--------------------|--|--|------------------------------------|-------------------------------------|------------------------------------|
| Debt        | tor 1              | Kathryn E Martii                           |  |                                    |                                     |                                    |
| Debt        | tor 2              | First Name                                 | Middle Name  | Last Name                          |                                     |                                    |
|             | se if, filing)     | First Name                                 | Middle Name  | Last Name                          |                                     |                                    |
| Unite       | ed States Bar      | nkruptcy Court for the:                    | NORTHERN DISTRICT C  | F ILLINOIS                         |                                     |                                    |
| Case        | e number           |  |  |                                    |                                     |                                    |
| (if kno     |                    |  |  |                                    |                                     | Check if this is an                |
|             |                    |  |  |                                    |                                     | amended filing                     |
| <b>Ο</b> (( |                    | 407  |  |                                    |                                     |                                    |
|             | icial Fo           |  | Accelor controlled   |                                    | N = I                               |                                    |
|             |                    |  | Affairs for Indivic  |                                    |                                     | 4/10                               |
|             |                    |  | ible. If two married people a<br>attach a separate sheet to              |                                    |                                     |                                    |
|             |                    | ı). Answer every que                       |  | •                                  |                                     |                                    |
| Part        | 1: Give D          | etails About Your Ma                       | arital Status and Where You  | Lived Before                       |                                     |                                    |
| 1. \        | What is your       | current marital statu                      | is?  |                                    |                                     |                                    |
| 1           | ☐ Married          |  |  |                                    |                                     |                                    |
| i           | ■ Not mar          | ried                                       |  |                                    |                                     |                                    |
| 2.          | During the Is      | et 3 years have you                        | lived anywhere other than v  | where you live now?                |                                     |                                    |
|             | _                  | ist 5 years, nave you                      | iived anywhere other than t  | where you live now:                |                                     |                                    |
|             | ∐ No<br>■ Vaa List | t all of the places you                    | ived in the leet 2 years. Do no  | t include where you live no        |                                     |                                    |
|             | Yes. List          | t all of the places you i                  | ived in the last 3 years. Do no  | ot include where you live no       | W.                                  |                                    |
|             | Debtor 1 Pri       | ior Address:                               | Dates Debtor 1 lived there   | Debtor 2 Prior A                   | ddress:                             | Dates Debtor 2<br>lived there      |
|             | 3431 W 12          | th Pl 1st Floor                            | From-To:   | ☐ Same as Debtor                   | 1                                   | ☐ Same as Debtor 1                 |
|             | Chicago, II        | L 60623                                    | 2/2/2013-12/24<br>15   | /20                                |                                     | From-To:                           |
| -           |                    |  |  |                                    |                                     |                                    |
|             |                    |  | <b>ver live with a spouse or leg</b><br>Ilifornia, Idaho, Louisiana, Nev |                                    |                                     |                                    |
| ĺ           | ■ No               |  |  |                                    |                                     |                                    |
| ĺ           | _                  | ke sure you fill out Scl                   | hedule H: Your Codebtors (Of   | ficial Form 106H).                 |                                     |                                    |
|             |                    |  |  |                                    |                                     |                                    |
| Part        | 2 Explain          | n the Sources of You                       | r Income   |                                    |                                     |                                    |
|             |                    |  | mployment or from operatin   |                                    |                                     | endar years?                       |
|             |                    |  | u received from all jobs and a have income that you receive              |                                    |                                     |                                    |
|             | □ No               |  |  |                                    |                                     |                                    |
| i           | _                  | in the details.                            |  |                                    |                                     |                                    |
|             |                    |  | Debtor 1   |                                    | Debtor 2                            |                                    |
|             |                    |  | Sources of income  | Gross income                       | Sources of income                   | Gross income                       |
|             |                    |  | Check all that apply.  | (before deductions and exclusions) | Check all that apply.               | (before deductions and exclusions) |
|             |                    | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips                                      | \$15,122.02                        | ☐ Wages, commissions, bonuses, tips |                                    |
|             |                    |  | ☐ Operating a business   |                                    | ☐ Operating a business              |                                    |
|             |                    |  |  |                                    |                                     |                                    |

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Case number (if known) Document Debtor 1 Kathryn E Martin

|                                |                                 |                                | Debtor 1  |   | Debtor 2                                   |   |
|--------------------------------|---------------------------------|--------------------------------|---|---|--|---|
|                                |                                 |                                |   |   |  |   |
|                                |                                 |                                | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                                |                                 |                                | ☐ Wages, commissions, bonuses, tips                             | \$1,200.00  | ☐ Wages, commissions, bonuses, tips        |   |
|                                |                                 |                                | Operating a business  |   | ☐ Operating a business                     |   |
| For last cale<br>(January 1 to | ndar year:<br>December 3        | 31, 2015 )                     | ■ Wages, commissions, bonuses, tips                             | \$24,093.00   | ☐ Wages, commissions, bonuses, tips        |   |
|                                |                                 |                                | ☐ Operating a business  |   | ☐ Operating a business                     |   |
|                                | ndar year bef<br>December 3     |                                | ■ Wages, commissions, bonuses, tips                             | \$21,818.54   | ☐ Wages, commissions, bonuses, tips        |   |
|                                |                                 |                                | ☐ Operating a business  |   | ☐ Operating a business                     |   |
| □ No                           | . Fill in the de                | C                              | ome from each source separa                                     | tely. Do not include income th  | at you listed in line 4.                   |   |
|                                |                                 |                                | Debtor 1  |   | Debtor 2                                   |   |
|                                |                                 |                                | Sources of income<br>Describe below.                            | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.       | Gross income<br>(before deductions<br>and exclusions) |
|                                | ry 1 of currer<br>filed for ban |                                | Food<br>Stamps/Government<br>Assistance                         | \$1,940.00  |  |   |
| For last cale<br>(January 1 to | ndar year:<br>o December 3      | 31, 2015 )                     | Food<br>Stamps/Government<br>Assistance                         | \$3,480.00  |  |   |
|                                | ndar year bef<br>o December 3   |                                | Food<br>Stamps/Government<br>Assistance                         | \$2,640.00  |  |   |
| Part 3: Lis                    | st Certain Pa                   | ments You                      | Made Before You Filed for                                       | Bankruptcy  |  |   |
|                                | or Dobtor 1'o                   | or Debtor 2                    | 's debts primarily consume                                      |   | are defined in 11 U.S.C. § 10              | 11/8) as "incurred by an                              |
|                                | Neither De                      | btor 1 nor D                   | Debtor 2 has primarily consumers personal, family, or household |   |  | or(o) as incurred by an                               |
| 6. Are eithe                   | <b>Neither De</b> individual p  | btor 1 nor D<br>rimarily for a | personal, family, or househo                                    | ld purpose."  |  | orto, as incurred by an                               |
| 6. Are eithe                   | <b>Neither De</b> individual p  | btor 1 nor D<br>rimarily for a | personal, family, or househoure you filed for bankruptcy, di    | ld purpose."  |  | or (o) as incurred by ar                              |

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case number (if known) Debtor 1 Kathryn E Martin Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount vou Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Arelis Santamaria v. Kathryn E **Eviction** Cook County Clerk of the Pending Martin Circuit Court □ On appeal 50 W. Washington St. 2016-M1-713628 □ Concluded Chicago, IL 60602

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Document Page 34 of 51 Debtor 1 Kathryn E Martin Case number (if known) 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☐ No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened Honor Finance** 2004 Chevrolet Malibu 8/2015 \$4,625.00 1731 Central Street Evanston, IL 60201 Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Value Describe what you contributed Dates you contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο

Yes. Fill in the details.Describe the property you lost and

how the loss occurred

Describe any insurance coverage for the loss
Include the amount that insurance has paid. List pending

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.* 

Date of your

loss

Value of property lost

Debtor 1 Kathryn E Martin Page 35 of 51
Case number (if known)

| Pa  | rt 7: List Certain Payments or Transfers   |   |   |                            |  |  |  |  |  |
|-----|--|---|---|----------------------------|--|--|--|--|--|
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. |   |   |                            |  |  |  |  |  |
|     | □ No   |   |   |                            |  |  |  |  |  |
|     | Yes. Fill in the details.  |   |   |                            |  |  |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of any property transferred | Payments were made between 8/8/2016  8/8/2016 | Amount of payment \$375.00 |  |  |  |  |  |
|     | Swanson & Desai, LLC<br>670 W Hubbard<br>Suite 202<br>Chicago, IL 60654<br>Chicago, IL 60654<br>kc@chicagobankruptcyattorney.com   | Attorney Fees \$375.00                            |   |                            |  |  |  |  |  |
|     | Semrad Law LLC<br>20 S. Clark St. Suite 2800<br>Chicago, IL 60603  |   |   |                            |  |  |  |  |  |
|     | Access Counseling<br>633 W 5th Street<br>Suite 26001<br>Los Angeles, CA 90071  | Credit Counseling \$14.95                         |   | \$14.95                    |  |  |  |  |  |
|     | Swanson & Desai, LLC<br>670 W Hubbard<br>Suite 202<br>Chicago, IL 60654<br>kc@chicagobankruptcyattorney.com  | Attorney Fees \$40.00                             | 1/5/2016                                      | \$40.00                    |  |  |  |  |  |
|     | Allen Credit & Debt Counseling<br>20003 387th Ave<br>Wolsey, SD 57384  | Credit Counseling \$25.00                         | 8/21/2015                                     | \$25.00                    |  |  |  |  |  |
| 17. | promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.   |   |   |                            |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |   |                            |  |  |  |  |  |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred | Date payment or transfer was                  | Amount of payment          |  |  |  |  |  |

made

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| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details. |  |                 |  |  |   |  |  |  |
|-----|--|--|-----------------|--|--|---|--|--|--|
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and v property transferr                                     |                 | payment  | e any property or<br>ss received or debts<br>xchange | Date transfer was made                        |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  |  |                 |  |  |   |  |  |  |
|     | Name of trust  | Description and value of the property transferred                        |                 | rred   | Date Transfer was made                               |   |  |  |  |
| Par | t 8: List of Certain Financial Accounts, Instru  | uments, Safe Deposit   | Boxes, and Stor | age Units  |  |   |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No   |  |                 |  |  |   |  |  |  |
|     | ☐ Yes. Fill in the details.  |  |                 |  |  |   |  |  |  |
|     |  | Last 4 digits of account number Type of accinstrument                    |                 | Date account was closed, sold, moved, or transferred |  | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?   |  |                 |  |  |   |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                 |  |  |   |  |  |  |
|     | Name of Financial Institution  | Who else had acc   | ess to it?      | escribe the  | e contents   | Do you still                                  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)   | Address (Number, State and ZIP Code)                                     | treet, City,    | y,   |  | have it?                                      |  |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |  |                 |  |  |   |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                 |  |  |   |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                 | escribe the  | e contents   | Do you still have it?                         |  |  |  |
| Par | t 9: Identify Property You Hold or Control for   | Someone Else   |                 |  |  |   |  |  |  |
| 23. | Oo you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust or someone.  |  |                 |  |  |   |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                 |  |  |   |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                 | escribe the  | e property   | Value   |  |  |  |
| Par | t 10: Give Details About Environmental Inform  | nation   |                 |  |  |   |  |  |  |
| For | the purpose of Part 10, the following definitions  | s apply:   |                 |  |  |   |  |  |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance

| hazardous material, pollutant, contaminant, or similar term.   |   |  |   |  |  |  |
|--|---|--|---|--|--|--|
| ort a  | all notices, releases, and proceedings tha                                    | it you know about, regardless of when  | the   | ey occurred.   |  |  |
| Has  | s any governmental unit notified you that                                     | you may be liable or potentially liable  | und   | ler or in violation of an environme  | ntal law?  |  |
|  | No  |  |   |  |  |  |
|  | Yes. Fill in the details.   |  |   |  |  |  |
|  |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | t   | Environmental law, if you know it  | Date of notice   |  |
| Hav  | lave you notified any governmental unit of any release of hazardous material? |  |   |  |  |  |
|  | No 1 Yes. Fill in the details.  |  |   |  |  |  |
| Address (Number, Street, City, State and ZIP Code)   |   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | i   | Environmental law, if you know it  | Date of notice   |  |
| Hav  | ve you been a party in any judicial or adm                                    | ninistrative proceeding under any envi   | ronr  | mental law? Include settlements a  | nd orders.   |  |
|  | ■ No  |  |   |  |  |  |
|  | Yes. Fill in the details.   |  |   |  |  |  |
|  |   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nat   | ture of the case   | Status of the case   |  |
| t 11   | Give Details About Your Business or (   | Connections to Any Business  |   |  |  |  |
| Wit  | —<br>hin 4 years before you filed for hankrupte                               | cy did you own a business or have an   | v of  | the following connections to any   | husiness?  |  |
|  |   |  | •   | •  |  |  |
|  |   |  |   |  |  |  |
|  | ☐ A partner in a partnership  |  |   |  |  |  |
|  | □ An officer, director, or managing executive of a corporation                |  |   |  |  |  |
|  |   |  |   |  |  |  |
|  | _   |  |   |  |  |  |
| _  |   |  |   |  |  |  |
|  | isiness Name  | Describe the nature of the business  |   | 1  |  |  |
|  |   | ame of accountant or bookkeeper  |   | Do not include Social Security number or ITIN.   |  |  |
|  |   |  |   | Dates business existed   |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all finan institutions, creditors, or other parties. |   |  |   | de all financial   |  |  |
|  | No  |  |   |  |  |  |
|  | Yes. Fill in the details below.   |  |   |  |  |  |
| Ac   | ldress  | Date Issued  |   |  |  |  |
|  | Ort a Has  Na Ad Has  Caa  Caa  Wittins  Na Ad  Na Ad  Na Ad  Caa             | Has any governmental unit notified you that  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of a No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adm No Yes. Fill in the details.  Case Title Case Number  Case Number  Have you been a party in any judicial or adm A no A sole proprietor or self-employed in A member of a limited liability company A partner in a partnership An officer, director, or managing executes any of the voting No. None of the above applies. Go to Person of the sole proprietor or self-employed and fill Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptor or self-employed and fill Business Name Address (Number, Street, City, State and ZIP Code) | ort all notices, releases, and proceedings that you know about, regardless of wher Has any governmental unit notified you that you may be liable or potentially liable.  No | ort all notices, releases, and proceedings that you know about, regardless of when the Has any governmental unit notified you that you may be liable or potentially liable und No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or administrative proceeding under any environmental with the details.  Case Title Case Number  Case Number  Street, City, State and ZIP Code)  Within 4 years before you filed for bankruptcy, did you own a business or have any of A member of a limited liability company (LLC) or limited liability partnership (L A partner in a partnership and proceeding and proceeding under activity, eith A norficer, director, or managing executive of a corporation  No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Business Name Address (Number, Street, City, State and ZIP Code)  Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties.  No  Yes. Fill in the details below.  Name  Date Issued | Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  Nature of the case  Nature of the case Nature of the case Nature of the case Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)  No (No None of the above applies. Go to Part 12.  Yes, Check all that apply above and fill in the details below for each business. Name of accountant or bookkeeper  Name of accountant or bookkeeper  Date business Name Address Name of accountant or bookkeeper  Name of accountant or bookkeeper  Date subsiness existed  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Inclusing the code in the details below.  Name Address Date Include Social Security of Social Sec |  |

Part 12: Sign Below

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Debtor 1 Kathryn E Martin

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Kathry       | n E Martin        |  |
|------------------|-------------------|--|
| Kathryn E Martin |                   | Signature of Debtor 2  |
| Signature        | of Debtor 1       |  |
| Date Au          | gust 9, 2016      | Date   |
| Did you att      | ach additional pa | ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No             |                   |  |
| ☐ Yes            |                   |  |
| Did you pa       | y or agree to pay | someone who is not an attorney to help you fill out bankruptcy forms?                                  |
| ■ No             |                   |  |
| ☐ Yes. Nar       | me of Person      | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).    |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ☑ The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Services provided by Debtor's counsel in preparation of the petition and costs associated with the filing of the case make it more efficient for Debtor and the Attorney to enter into and advanced payment retainer. Debtor's counsel reserves the right to refuse to enter into a security retainer due to the up-front costs associated with filing a Chapter 13 Bankruptcy. If any portion of the retainer is not considered earned or required for expenses it will be refunded to the client. Services provided by Debtor's counsel in preparation of the petition and costs associated with the filing of the case make it more efficient for Debtor and the Attorney to enter into and advanced payment retainer. Debtor's counsel reserves the right to refuse to enter into a security retainer due to the up-front costs associated with filing a Chapter 13 Bankruptcy. If any portion of the retainer is not considered earned or required for expenses it will be refunded to the client.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$375.00

toward the flat fee, leaving a balance due of \$3,625.00; and \$50.00 for expenses,

leaving a balance due for the filing fee of \$310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:August 9, 2016                      |   |
|--|---|
| Signed:                                  |   |
| /s/ Kathryn E Martin                     | /s/ Mehul D. Desai                            |
| Kathryn E Martin                         | Mehul D. Desai                                |
|  | Attorney for the Debtor(s)                    |
| Debtor(s)                                |   |
| Do not sign this agreement if the amount | s are blank. <b>Local Bankruptcy Form 23c</b> |

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In r   | e Kathryn E Martin   |                                | Case No.             |                                   |     |  |
|--|--|--------------------------------|----------------------|-----------------------------------|-----|--|
|  |  | Debtor(s)                      | Chapter              | 13                                |     |  |
|  | DISCLOSURE OF COMPENS  | SATION OF ATTO                 | RNEY FOR DI          | EBTOR(S)                          |     |  |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |  |                                |                      | to me, for services rendered or t | :О  |  |
|  | For legal services, I have agreed to accept  |                                | s                    | 4,000.00                          |     |  |
|  | Prior to the filing of this statement I have received  |                                |                      | 375.00                            |     |  |
|  | Balance Due  |                                |                      | 3,625.00                          |     |  |
| 2.   | The source of the compensation paid to me was:   |                                |                      |                                   |     |  |
|  | ■ Debtor □ Other (specify):  |                                |                      |                                   |     |  |
| 3.   | The source of compensation to be paid to me is:  |                                |                      |                                   |     |  |
|  | ■ Debtor □ Other (specify):  |                                |                      |                                   |     |  |
| 4.   | ■ I have not agreed to share the above-disclosed compens   | sation with any other person   | unless they are mem  | bers and associates of my law fi  | rm. |  |
|  | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.   |                                |                      |                                   |     |  |
| 5.   | In return for the above-disclosed fee, I have agreed to rende  | er legal service for all aspec | ts of the bankruptcy | case, including:                  |     |  |
|  | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> </ul> |                                |                      |                                   |     |  |
| 6.   | By agreement with the debtor(s), the above-disclosed fee de  | oes not include the followin   | g service:           |                                   |     |  |
|  | (  | CERTIFICATION                  |                      |                                   |     |  |
|  | I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.  |                                |                      |                                   |     |  |
|  | August 9, 2016 /s/ Mehul D. Desai  |                                |                      |                                   |     |  |
| _  | Date   | Mehul D. Desai                 |                      |                                   |     |  |
| Signature of Attorney Swanson & Desai, LLC   |  |                                |                      |                                   |     |  |
|  |  | 670 W Hubbard                  | ,                    |                                   |     |  |
|  |  | Suite 202<br>Chicago, IL 6065  | 4                    |                                   |     |  |
|  |  | 312-666-7882 Fa                | ax: 312-666-8894     |                                   |     |  |
|  |  |                                | kruptcyattorney.co   | om                                |     |  |
| 1  |  | Name of law firm               |                      |                                   |     |  |

#### United States Bankruptcy Court Northern District of Illinois

| In re | Kathryn E Martin                           | Debtor(s)   | Case No. Chapter 13       |                  |
|-------|--|---|---------------------------|------------------|
|       | VE   | RIFICATION OF CREDITOR MA                                   | ATRIX                     |                  |
|       |  | Number of C   | Creditors:                | 15               |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                   | ors is true and correct t | o the best of my |
| Date: | August 9, 2016                             | /s/ Kathryn E Martin  Kathryn E Martin  Signature of Debtor |                           |                  |

Arelis Santamaria 1929 S. Spaulding Chicago, IL 60623

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City of Chicago Department of Finan P.O. Box 88298 Chicago, IL 60680-1298

Credit Acceptance Corp. 25505 W Twelve Mile Rd Ste 3000 Southfield, MI 48034

Pamela Johnson 2260 S. Kirkland Ave. Chicago, IL 60623

Peoples Gas 200 East Randolph Chicago, IL 60601

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Prestige Financial Svc 1420 S 500 W Salt Lake City, UT 84115

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